

1 of 2

CLAIMS ONLY						Application Number	Filing Date	
						10/053535		
						Applicant(s)		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*
	Indep	Depend	Indep	Depend	Indep	Depend		
1								
2								
3								
4								
5								
6								
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42								
43								
44								
45								
46								
47								
48								
49								
50								
Total Indep								
Total Depend								
Total Claims								

2 of 2

CLAIMS ONLY						Application Number	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							51	
102							52	
103							53	
104							54	
105							55	
106							56	
107							57	
108							58	
109							59	
110							60	
111							61	
112							62	
113							63	
114							64	
115							65	
116							66	
117							67	
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119							69	
120							70	
121							71	
122							72	
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124							74	
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131							81	
132							82	
133							83	
134							84	
135							85	
136							86	
137							87	
138							88	
139							89	
140							90	
141							91	
142							92	
143							93	
144							94	
145							95	
146							96	
147							97	
148							98	
149							99	
150							100	
Total Indep	23						Total Indep	
Total Depend	61						Total Depend	
Total Claims	84						Total Claims	